

**Abstract:**

**Objectives:** Targeted parental education reduces acute visits for pediatric asthma. Whether use of education sources readily available to parents relates to non-adherence to asthma treatments is uncertain. This study describes asthma education sources and assesses for a relationship to risks for non-adherence.

**Methods:** Caregivers of children with asthma completed a cross-sectional survey at 2 sites: a pediatric Emergency Department (ED) and an asthma clinic (AC). Measured items included use of seven education sources (primary care, ED, AC, friends/family, TV, internet, printed materials), scores of child asthma morbidity, parental asthma knowledge, and, risks for non-adherence, the primary outcome. Recruitment site, preferred language (English/Spanish), and demographics were recorded. Descriptive statistics, bivariate analyses, and multivariate regressions were performed.

**Results:** A total of 260 participants, 158 from ED and 102 from AC, used a variety of education sources. They reported  $4.1 \pm 2.0$  of 13 risk factors for non-adherence, with more risks in ED parents than AC parents (4.8 versus 3.9,  $p < .001$ ). ED parents worried more about medications and had worse access to primary care. The regression did not show a significant relationship between education sources and risks for non-adherence, but ED recruitment, Spanish language, and worse morbidity contributed to higher risks.

**Conclusions:** The use of more asthma education sources was not associated with reduced risks for non-adherence. Of the education sources, a primary care provider may benefit ED parents,

who also need refills and education about medications. Spanish-speaking parents report more risks for non-adherence, warranting further study of Spanish-language asthma education.